Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 5/5/2010	CALIFORNIA 465	
SEE INS	TRUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>5/22/2010</u>			Page 1	of 3
	Amendment No 000	-	Date of election if (Month, Day	applicable:			ial Use Only
	Report No 20100505-112	-	6/8/2010				
1. Co	mmittee/Filer Information	I.D. NUMBER (if recipient committee) 881276	Treasurer	(If recipient committee)			
COM	MITTEE/FILER'S NAME	001270	NAME OF TREAS	SURER			
Ven	tura County Deputy Sheriffs' Association PAC		Mark Hanks				
STRE	EET ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	Y STATE	DDE AREA CODE/PHONE	CITY		STATE	ODE AREA C	ODE/PHONE
Ven			Ventura		CA	(805) 6	39-9218
	IONAL: FAX/E-MAIL ADDRESS			E-MAIL ADDRESS	CA	(803) 0.	37-7210
Comi	E OF CANDIDATE mander Geoff Dean E OF BALLOT MEASURE		OFFICE SOUGHT OR HE SOUGHT: Sheriff-Corone BALLOT NO./LETTER		PLICABLE		X SUPPORT OPPOSE OPPOSE
3. Ind	dependent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.			LATIVE TO DATE
D	ATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT		LENDAR YEAR .N.1 - DEC.31)
4/12/2010	Trophies, Etc. Camarillo, CA 93012-8568	OPP	EPENDENT EXPENDITUR OSING OTHERS is: Dean for Sheriff	ES SUPPORTING /	\$2,000.00	\$68,540.00	
4/26/2010	Marc O'Hara Simi Valley, CA 93065-4013	OPP	EPENDENT EXPENDITUR OSING OTHERS ooards and consulting serv			\$68,540.00	
4/29/2010	Simi Valley, CA 93065-4013 OPPO		EPENDENT EXPENDITUR POSING OTHERS to ad(s) and consulting ser	ES SUPPORTING /	\$12,000.00	\$68,540.00	

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

	ntal Independent	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 5/5/2010	CALIFORNIA / CE		
Expenditure Report (Government Code Sections 84203.5)		to whole dollars.	from3/18/201	0	3/3/2010	FORM 4	U	
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Bel	ow) through <u>5/22/201</u>	.0		Page 2 of 3	3	
Am	nendment No 000		Date of election i	f applicable:		For Official Use C		
	Report No 20100505-112		6/8/2010					
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)			
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER				
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE	
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS					
2 Name of C	Candidate or Measure Sup	norted or Onnosed						
NAME OF CANDI	<u>-</u>	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		CK ONE T OPPOSE	
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Independ	ent Expenditures Made Att	ach additional information on approp	riately labeled continuatior	sheets.	1	CUMULATIVE TO CALENDAR		
DATE	NAME AND ADDRES		DESCRIPTION OF		AMOUNT	(JAN.1 - DEC		
4/29/2010	Marc O'Hara Simi Valley, CA 93065-4013	OPI	DEPENDENT EXPENDITUIPOSING OTHERS ad(s) and consulting servic	RES SUPPORTING	\$18,256.00	\$68,540.00		
4/29/2010	Simi Valley, CA 93065-4013		INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Direct mail and consulting ser		\$21,744.00	\$68,540.00		
5/4/2010	Simi Valley, CA 93065-4013 OP		DEPENDENT EXPENDITUI POSING OTHERS e mail card	RES SUPPORTING	\$2,040.00	\$68,540.00		

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent

Type or print in ink.

	SUPPLEMEN [*]	TAL INDEPENDE	ENT EXPENDITU	JRE
	Report covers period	CALIFOR	NIA / G	
rom _	3/18/2010	FORM	40	2
hroual	h 5/22/2010	Page 3	of 3	

NAME OF FILER Ventura County Deputy Sheriffs' Association PAC 4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3.)	Expenditure Report		GIIL	Amounts may be rounded to whole dollars.		Report covers period from $\frac{3/18/2010}{}$			CALIFORNIA 465	
Ventura County Deputy Sheriffs' Association PAC 4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3.)	SEE	: INSTRUCTIONS ON REVERSE				through	5/22/2010	Page <u>3</u>	of <u>3</u>	
4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3.)	NAM	IE OF FILER						I.D. NUME	ER (If recipient com.)	
1. Total independent expenditures made of \$100 or more this period. (Part 3.)		* * *	C					881276		
3. Total independent expenditures made this period (Add Lines 1 + 2.)	4.	•	res made of \$100 or more this	s period. (Part 3.)					\$68,540.00	
3. Total independent expenditures made this period (Add Lines 1 + 2.)		2. Total independent expenditures under \$100 made this period. (Not itemized.)							\$0.00	
TO NAME OF FILING OFFICER ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET) CITY STATE ZIP CODE CITY STATE ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET)		3. Total independent expenditures made this period (Add Lines 1 + 2.)								
ADDRESS (NO. AND STREET) CITY STATE ZIP CODE CITY STATE 2) NAME OF FILING OFFICER ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET)	5.	Filing Officers Enter the name	e and address of each filing officer wi	ith whom the filer's most re	ecent campaign statemen	ts (Form 45	50, 460 or 461) have beer	n filed.		
CITY STATE ZIP CODE CITY STATE 2) NAME OF FILING OFFICER ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET)		NAME OF FILING OFFICER			3) NAME OF FILING O	FFICER				
2) NAME OF FILING OFFICER ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET)		ADDRESS (NO). AND STREET)		ADDRESS		(NO. AND STREET)			
ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET)		CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE	
		2) NAME OF FILING OFFICER			4) NAME OF FILING O	FFICER				
CITY STATE ZIP CODE CITY STAT		ADDRESS (NO	D. AND STREET)		ADDRESS		(NO. AND STREET)			
		CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE	

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	5/5/2010	By Hanks Hanks Hanks
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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